

17664

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 14 1943

Registration District No.

Primary Registration District No. 4136

Registrar's No. 31-25

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Plattsburg
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton Co. Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days
(Specify whether years, months or days) 50 yrs.

3. (a) PRINT FULL NAME

Joe Jones

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife. None 6. (c) Age of husband or wife if alive 8 years 1861
(Month) (Day) (Year)

8. AGE: Years 91 Months 8 Days 15 If less than one day hr. min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Day laborer

11. Industry or business

12. Name J. E. Jones

13. Birthplace Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Eizabeth Teach

15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James Caldwell

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 5-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evergreen Cem.

18. (a) Signature of funeral director Blair Funeral Home

(b) Address Clinton Mo

19. (a) May 27-1943 (b) Mrs. A. C. Hattell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton 25
(c) City or town Plattsburg
(If outside city or town limits, write "RURAL")
(d) Street No. Clinton Co. Home
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1943 hour 11:30 minute PM M.

21. I hereby certify that I attended the deceased from May 10
1943 to May 25, 1943
that I last saw him alive on May 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death do car ditis
not known

Due to.....

Due to.....

Other conditions 92
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work? (Specify type of place) (e) Means of injury.....

23. Signature P. M. Lechner (M. D. occupant) 143
Plattsburg Mo Date signed 5:25

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Gerald I. Wade

Licensed Embalmer No. *4172*

P. O. Address

Cameron Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.